

## TRANSFERRAL FORM

Attorney Docket No.

RAL9-99-0056/1474P

In re the application BULLIS, et al.

Date: July 16, 2003

Serial No: 09/409,940

Group Art Unit: 2123

Filed: September 30, 1999

Examiner: Ferris III, Fred

For: Method and System for Providing Hierarchical Self-Checking in ASIC Simulation



## ENCLOSURES (check all that apply)

<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input checked="" type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below)
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	<div style="text-align: center;"> <b>RECEIVED</b>  JUL 23 2003  Technology Center 2100 </div>	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for <u>two (2) months</u> , from <u>May 20, 2003 to July 20, 2003</u> .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

## CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	0	0	0	\$18.00	\$ 0.00
Independent Claims	0	0	0	\$84.00	\$ 0.00
				Total Fees	\$ 0.00

## METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. <u>5856</u> in the amount of \$ <u>410.00</u> is enclosed for payment of 2 mo. Extension of Time fee.
<input checked="" type="checkbox"/>	Charge \$ <u>320.00</u> to Deposit Account No. <u>50-0563</u> (IBM Corporation) for payment of Notice of Appeal fee.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>50-0563</u> (IBM Corporation)

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801		
Signature		07/22/2003	BABRAHA1 00000074 09409940
Date	July 16, 2003	01 FC:1252	410.00 UP

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 16, 2003	
Type or printed name	Grace Alicea
Signature	